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What do speech-language pathologists think parents expect when treating their children with Autism Spectrum Disorder?

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Abstract

*Background:* Despite the importance of speech-language pathologists (SLPs) collaborating with parents in the treatment of children with Autism Spectrum Disorder (ASD), few studies have examined the nature of this working relationship and how best to facilitate collaboration.

*Aim:* To explore what SLPs think parents of children with ASD expect of them when it comes to the delivery of evidence-based interventions.

*Method:* The participants were 22 SLPs from Australia who specialised in ASD and who each participated in a semi-structured interview. Recordings were transcribed and analysed according to the procedures outlined by Braun and Clarke (2006).

*Result:* The SLPs expressed strong support for EBP and indicated that they thought parents expected their children would be provided with evidence-based interventions. However, SLPs identified factors that influenced the way, and extent to which, they were able to share information as part of a collaborative decision-making process, including the parents' education level and the amount of time since their child's diagnosis.

*Conclusion:* The results highlight the challenges that SLPs face when engaging with parents in the delivery of EBP. Strategies that the SLPs had developed to cater to the individual needs of each parent are discussed, along with implications for clinical practice.

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What do speech-language pathologists think parents expect when treating their children with  
Autism Spectrum Disorder?

Evidence based practice (EBP) is fundamental to the delivery of effective, ethical, and efficient services to children with Autism Spectrum Disorder (ASD) and their families (Speech Pathology Australia, 2010). Defined as the “the conscientious, explicit, and judicious integration of the (1) best available external evidence from systematic research, (2) best available evidence internal to clinical practice, and (3) best available evidence concerning the preferences of a fully informed patient” (Dollaghan, 2007, p. 2), EBP is strongly endorsed by the associations governing allied health professionals, including Speech Pathology Australia (2010) and the American Speech-Language and Hearing Association (2006). Although there is strong support for EBP within the profession, it has long been recognised that even experienced therapists have difficulty applying the principles of EBP in their everyday clinical practice (Haynes & Haines, 1998; Reilly, 2004; Vallino-Napoli & Reilly, 2004).

To date, key initiatives to support SLPs to engage in EBP have focused on helping clinicians to access and appraise the research literature. The development of resources such as speechBITE have initiated a fundamental shift in the way clinicians operate by providing ready access to a large database of independently-rated empirical research (Murray et al., 2013). Nevertheless, little attention has been paid to the way clinicians share this information with parents of the children they serve, or to ways of helping parents express their need for information and treatment preferences (Auert, Trembath, Arciuli, & Thomas, 2012). This represents a significant gap in our understanding of how to further enhance EBP amongst SLPs.

### **The Importance of Clinician-Parent Collaboration**

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It is imperative that clinicians and parents work together in a collaborative manner when making intervention decisions for children with ASD (Simpson, 2005). To this end, the Speech Pathology Australia Position Paper (2010, p.4) on '*Evidence based speech pathology practice for individuals with ASD*' stated that "...speech pathologists must clearly and openly make known the nature and empirical basis of all interventions they provide to individuals with an ASD and their families." Similarly, "the Association recognises the right and need for individuals with an ASD and their families to be respected and valued as partners in their receipt of speech pathology services." However, there is evidence that clinicians may have difficulty (a) incorporating the principles of evidence-based practice (EBP) into their clinical decision making and (b) communicating the reasons for their decisions to clients and families (Cheung, Trembath, Arciuli, & Togher, 2013; Togher, Trembath, & Brunac, 2011). As a result, parents of children with ASD may not be provided with clear information about the clinical decisions made by the clinicians who work with their children, or have the input into these decisions required to ensure successful outcomes for their children.

Given the plethora of intervention options, it is imperative that SLPs foster relationships that enable parents to become informed consumers of the wide range of options available (Auert et al., 2012; Simpson, 2005). In Australia, the need for parents to become informed consumers has been reinforced by the fact that under the soon to be implemented National Disability Insurance Scheme (2014), parents will take primary responsibility for determining which interventions and supports their children with ASD receive (Purcal, Fisher, & Laragy, 2014). Therefore, parents need to be informed and feel confident in their ability to make wise choices regarding the services their children receive. However, there is evidence to suggest that parents of children with ASD do not always receive the information they require or feel confident discussing the research evidence for interventions administered by SLPs that their children might receive.

### **Parents' Experiences of Accessing SLP Services**

Auert et al. (2012) conducted a qualitative study examining the expectations, awareness, and experiences of 20 parents of children with ASD who had accessed SLP services in Australia. They noted that the parents expressed strong support for EBP, but differed with regard to the amount and type of information they sought from SLPs regarding research evidence. Some participants, for example, assumed that SLPs would utilise only evidence-based interventions, while others prioritised locating SLPs with clinical experience who could establish good rapport with their children over their need for research evidence. There was consensus amongst participants regarding the importance of effective clinician-parent communication, including its potential to empower parents to make informed decisions. Yet, while some parents reported their SLPs had provided appropriate information about their children's interventions, the majority indicated that such information was either absent or vague.

These findings suggest that, at least for some parents of children with ASD, accessing the information they seek and require to make informed decisions about the SLP interventions is not straightforward. Weiss, Fiske, and Ferraioli (2008) suggested that providing parent-friendly written information about research evidence may facilitate communication. Fortunately, there is now a range of free online resources available to parents (e.g. Raising Children Network; Research Autism, 2015). Auert et al. (2012) suggested that multiple factors may impact on the establishment of successful clinician-parent relationship. One possible factor is misalignment between what parents expect of SLP services, and what SLPs think parents expect. That is, if SLPs are not aware of parents' desire for information, or if they are unable to adapt to the individual needs of each parent, than a breakdown in the provision of information necessary for parents to take on the role as collaborative partners in the intervention process may occur.

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To investigate this possibility, research is needed to examine the ways in which SLPs perceive parents' desire and need for information regarding the interventions they provide, as well as identifying the strategies that they believe may facilitate the process. Accordingly, in this study, our aim was to address the following questions:

1. What do SLPs think parents of children with ASD expect of them when it comes to the delivery of evidence-based interventions?
2. What are the barriers and enablers to forming collaborative clinician-parent relationships?
3. What practical strategies have been, or should be, developed to support clinicians to work effectively with parents in the provision of evidence-based speech pathology services to children with ASD?

### **Method**

#### **Ethics Approval**

The study was approved by the University of Sydney Human Research Ethics Committee (#12041).

#### **Participants**

The participants were 22 speech-language pathologists from across Australia who self-identified as specialising in working with children with ASD on the 'Speech Pathology Australia: Find a Speech Pathologist' search engine at the time of the study. All participants were female. Fourteen worked in private practice, 3 worked in not-for-profit community providers, 2 worked in university settings, and 3 worked in government operated disability services. Eleven participants resided in New South Wales, three in Victoria, five in Queensland, one in each of the Northern Territory, South Australia, and the Australian Capital Territory. Participants' years of working as a SLP ranged from 1-2 years ( $n = 3$ ), 3-5 years ( $n = 5$ ), 6-10 years ( $n = 4$ ), to more than 10 years ( $n = 10$ ). The participants were drawn

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from a sample of participants in a broader project looking at the provision of evidence-based speech pathology practice to children with autism and their families (Cheung et al., 2013).

All participants from the previous study who, at that time, had indicated that they wanted to participate in future studies were contacted, and all who agreed to participate were included in the present study.

### **Procedure**

The fourth author conducted a semi-structured telephone interview with each participant, lasting between 15-60 minutes. During the interview, she asked questions from a semi-structured interview guide (see Appendix) and invited participants to share any additional information they felt was relevant to the study. The interviews were digitally recorded and transcribed verbatim prior to analysis. The interviewer completed field notes during each interview which she sent, together with the transcripts, to each participant for member checking.

### **Analysis**

The interview transcripts were analysed according to the procedures for thematic analysis outlined by Braun and Clarke (2006). The second author led the analysis, with consensus coding with the first author at each of the six stages of the process. *First*, the first and second authors read and re-read the transcriptions in order to familiarise themselves with the data, noting down their initial ideas. *Second*, these two authors completed line-by-line consensus coding for a randomly selected transcript, in which they identified discrete codes representing ideas, incidents, or recurring topics in the data. A quote, for example, in which the participant explained what she thought parents expect SLPs to do during therapy with their children was coded as 'parent's expectations of the therapist.' The second author then proceeded to code the remaining transcripts. *Third*, the first and second author reviewed the initial codes, sorting them into potential themes and sub-themes by collating related codes.



To illustrate, the code “parent’s expectations of the therapist” was grouped with related codes to form the sub-theme “Expectations.” *Fourth*, the two authors then reviewed all themes and subthemes in relation to the preliminary codes across the entire data set. *Fifth*, the two authors defined and named the themes, while at the same time finalising a graphical representation of the results of the analysis (see Figure 1). This information formed the basis of the results (*sixth* stage) reported below.

### **Credibility**

In addition to consensus coding at each stage of analysis, recommendations for ensuring credibility in qualitative research were followed (Chiovitti and Piran, 2003). These recommendations included (a) using the participants own words to create the themes and sub-themes, (b) specifying how the participants were selected, (c) specifying the aims of the research, and (d) describing how the literature relates to each of the categories and themes. In acknowledging that qualitative research does not claim to be objective, Chiovitti and Piran (2003) and Patton (2002) recommended that authors articulate the perspectives they bring to the study. To this end, the first, third, and fourth authors are all experienced clinicians and researchers in the field of ASD. The second author is in the process of qualifying to become a speech pathologist and has personal and clinical experience in the field of ASD. All authors support the use of EBP for children with ASD and their families.

### **Results**

Three themes emerged to account for the participants’ perceptions of parents’ desire and need for information regarding the interventions provided to their children with ASD. The first theme, “*Every family is different,*” emerged to account for the individual differences clinicians perceived in each parents’ desire and need for information about the interventions being provided. The second theme, “*A right for families,*” captured the participants’ views regarding the parents’ right to know about the evidence for the interventions provided, and

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the perceived benefits of empowering parents as partners in decision-making. The final theme, “*EBP requires effort*,” accounted for the fact that SLPs had needed to employ a variety of strategies in order to successfully integrate EBP into their practice and to engage parents in the process. The themes and sub-themes are presented below using the participants’ own words. Pseudonyms have been used to protect the participants’ privacy.

[Insert figure 1 about here]

### **Theme 1: “Every Family is Different”**

In discussing what information they felt parents wanted and needed, the participants consistently pointed to individual differences between families. Participants suggested that these differences were due primarily to three key factors which constituted subthemes: (a) parents’ individual expectations regarding the nature of services provided; (b) their education, mental health, and language skills; and (c) their prior experiences with health and education services for their children.

***Expectations.*** In reflecting on what they perceived to be parents’ expectations, the majority of participants highlighted the importance parents placed on locating SLPs with sound clinical experience and skills. For example, in discussing the relative emphasis parents place on *research evidence* versus *clinical experience* and *parental priorities and preferences* within the EBP model (as raised in question 7 of the semi-structured interview guide), Sue stated:

“I don’t think they rate them equally. I found that my client base want clinician skills and experience. On average that is what they want.”

Ava suggested that parents are primarily looking for SLPs to achieve positive outcomes for their children, irrespective of the interventions used:

I actually don’t think some parents think about evidence-based speech pathology.

They just expect that Speech Pathologists are trained in Speech Pathology... they

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don't care as long as it works, whether you use evidence-based practice or nothing...

They just want you to use whatever skills you have to get their child to talk.

Nevertheless, several participants suggested that parents expect clinicians' experience, the research evidence, and parental priorities to be integrated into therapy, even if they do not say so specifically, as Leanne explained:

"I think that at some level they do have that expectation that all of those three elements do come together when they're accessing that support from me as a professional."

***Parental Factors.*** Sue was one of several participants who suggested that parents' level of education influenced the way they approached their relationship with their SLPs, including their desire and need for information.

I think that the expectation depends on the level of sophistication [education level] of the parents. The private practice sees children with government funding and others who are a wealthy subset in [the participant's suburb]... Tertiary educated parents want evidence, like journal articles, and want to know what is going on. What is the published research out there and is it an okay system to use with their child.

Although the statement could be read as implying that parents with lower levels of education do not seek this information, it is noted that no participants directly expressed such sentiment.

Several participants noted that parental mental health difficulties, disability, and difficulties with speaking the dominant language (English) impacted on the clinician-parent relationship, with respect to expectations and the sharing of information. Donna, for example, said that the process of sharing evidence-based information about intervention strategies was sometimes hampered when parents themselves had learning difficulties:

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“...the parent would be considered as [having] a learning difficulty and varying degrees of literacy. They sometimes have trouble following up and carrying over strategies. They need direction and instruction.”

Sue explained that when working with parents who spoke English as a second language (ESL), it was often difficult to know how much information the parents wanted or could be understood, if presented only in English.

Yes, I have a lot of ESL parents and it is difficult to explain to them, even through an interpreter... I will give them the information but then get the interpreter to go through it with them. [Service name withheld] provides interpreters; however there are different interpreters each time. Very, very difficult, with no control over what the interpreters pass on as information to the parents.

***Experience with Services.*** In addition to parents' personal factors, participants perceived that the manner in which parents approached the clinician-parent relationship was influenced by the time that had elapsed since their children's diagnoses, and their prior experiences accessing services. This included parents' motivation and confidence in asking questions about the interventions being provided.

With the parents of older children, and they have [had], you know, 5 or 6 clinicians through their life. They, I guess, know a bit better about the questions they should be asking. Whereas, if you're looking at the early intervention model [parents newly diagnosed children] it's variable [the questions they ask]. The fact [is] that they've just had a child diagnosed with a disability... [They are less likely].... to be asking questions about what you're doing and why it's important, and that sort of stuff. I find you get less [fewer] questions from those sorts of parents. (Cathleen)

Several participants said that parents' prior research into available services were important.

Participants spoke of parents “*shopping around*” in an attempt to find a SLP who could

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provide a particular intervention that they felt would be most appropriate to their child, based on their own research. Fiona suggested that such an approach led to a more consultative clinician-parent relationship.

Recently there's been a shift with parents doing a bit more research. They're coming with more ideas, "I've heard of this. Can this help?" There's a bit more of a consultancy type role happening in my work with parents.

### **Theme 2: "A Right for Families"**

The participants consistently demonstrated strong commitment to EBP through their statements, suggesting that families have the right to access evidence-based services, and that collaborative clinician-parent relationships empower parents and improve intervention outcomes. These sentiments were captured in two sub-themes: (a) parents "right to know" and (b) "empowerment and outcomes."

**"Right to Know"**. The perception that parents have a "right to know" was presented by several participants including Vivienne, Christine, and Lesley. They suggested that parents have a right to know the evidence for treatments provided, and that they were committed to providing this information:

"I think it is almost a right for families to know what they are doing is evidence based." (Vivienne)

"As a clinician, I always talk about evidence-based practice with my clients and carers because it's important for them to know that what we're doing has a research basis to support its efficacy." (Christine)

"I don't see the point in doing mysterious intervention. We have to make it clear as to what we are doing, and why." (Lesley)

Sue explained that giving parents information was akin to giving them power to make informed decisions.

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“Give parents power and allow them to know a lot more about it.”

*Empowerment and Outcomes.* Like Sue, many participants indicated that they perceived a clear link between providing information and empowering parents as part of the clinician-parent relationship. It was suggested that this empowerment would then lead to improved child outcomes. Cathleen spoke of the importance of helping parents to become knowledgeable in the concept of EBP, so that they can apply this same knowledge when accessing other services for their children.

I think it certainly comes with, from the clinicians. I think if the clinician is talking about it, and helping the family to understand the concepts of evidence-based practice, then they're going to be more empowered to be asking more about it in the future, or with different disciplines.

Similarly, Donna spoke about the long term impact of empowering parents to become informed consumers of evidence-based intervention services.

[It is important to have] ...open discussion about options for intervention with the family, as well as providing them with information and empowering them to know what we are working on. The more information they have the better advocate for their child longer term. Also, they own the therapy if it is a joint decision that they own the goal and the intervention.

Vivienne presented her perception of the link between providing information and child outcomes.

“...and from what I know of the evidence the more informed parents are the more effective the intervention is.”

Yet while participants expressed strong commitment to the EBP, they noted that applying this framework to practice, in a way that accounts for the individual differences in parents' desire

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and need for information, was challenging. These sentiments formed the basis of the third theme.

### **Theme 3: “EBP requires effort”**

Participants spoke of the need to tailor their approach to EBP provision for each parent. The participants explained that they had developed and applied a range of strategies including (a) “gauging the parents’ knowledge and motivation,” (b) “timing information right,” (c) “structuring their families journey of EBP”, and (d) “protecting them from pitfalls” in order to work successfully.

***Gauging parents’ knowledge and motivation.*** In acknowledging that parents come to SLPs with a range of expectations and experiences, several participants noted the importance of not assuming, and instead actively working to ascertain, each parents’ knowledge, skills, motivations, and need for information.

[You need] clinical judgement to gauge the level that the parents want to be involved in the process. Ask them about what they know, what they know of research, and what they know of intervention options. Leave the conversation open. If they have seen something on *A Current Affair* [tabloid television show], allow them to feel comfortable to talk to you about it. (Valerie)

Sue indicated that asking parents about their desire and need for information explicitly can be an effective strategy.

“First I develop a relationship with the parents, be open with the parents, asking questions such as ‘Do you want more information at the moment or are you happy with what you know?’”

***Timing is important.*** Participants indicated that they were conscious that parents may be at different stages of coming to terms with their children’s diagnosis. Accordingly, many

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participants discussed ‘getting the timing right’ as a strategy to improve parental experiences with EBP. The following statements illustrate this point:

I normally see people right after the initial diagnosis and when the diagnosis is fresh and they are often anxious and overwhelmed. Some parents when given information will shut down and withdraw. Information is provided but I wait until parents are ready. (Sue)

“It’s a journey for families, they are often overwhelmed. Pick the time to raise EBP with families.” (Donna)

The sentiment that parents were on a journey was reflected in the statements of many participants, particularly with regard to the importance of structuring the timing and types of information provided.

***Structuring the journey.*** In response to the amount of information available to parents through the Internet, published material, other parents, and professionals, several participants indicated that they had implemented strategies to support parents by structuring their journey. Sue, for example, suggested that parents should first focus on the clinical aspects of the intervention, while at the same time avoiding potential misinformation.

I encourage the clients on the first intake call that they should look at how the child interacts with me and then they need to be critical of me and what I am doing... I ask them to step away from Google, and not read anything written by parents, tell them to avoid chat rooms, and just look at information written by professional organisations.

Some participants said that helping parents develop EBP literacy from the outset is important. Donna, for example, suggested that families should be advised and encouraged to learn about the principles of EBP from their first contact with a health or education professional:



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Often it's that frontline person, ASD advisor or first service they access, from the first meeting they need to hear the EBP concept and be supported in that skill. Having people with knowledge in that area encourages families to take on EBP [is important].

Shannon suggested that some organisations produce information that can be helpful in structuring each parent's journey.

Organisations like [name withheld] are providing guides and sending out information to families initially, and providing to each family what each therapy approach is and what type might be most suitable [for their child]. So parents are a little more informed about what is available.

Several participants talked about the importance of integrating information about the evidence for interventions provided into the process of planning, delivering, and reporting intervention in a highly applied fashion.

"I build that into the session plans with the child: just as important as doing the therapy with the children." (Sue)

"I think that workplaces need to be continually talking about why they are doing things and why it is also appropriate for the child rather than saying this is what I am doing without discussing it with families." (Vivienne)

Others highlighted the value of providing parents with packages of relevant information to support greater understanding, as Barbra explained:

I have a whole folder in my waiting room for parents to read while they are waiting to come in, and it's full of research articles and bits and pieces to read. If they ask me a question I will give them something relevant.

Sonja noted that providing information had a positive effect on parents:

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“I’ve seen a big change for them, by giving them a readable, applicable, almost text book, good quality, evidenced based program for them to own for themselves has been a really great thing for them.”

However, some participants also suggested that more could be done to make it easier for parents to access information.

I think it [the challenge] is probably making information accessible to families. Often they don’t where to go to find that information. It is all spread out over lots of different places and I think parents just want to have that one point where they can go and they don’t feel too overwhelmed. (Shannon)

*Protecting them from pitfalls.* Not only did participants perceive it to be important that parents have access to good information about the interventions provided, they also spoke of protecting parents from receiving poor quality information. Vivienne, for example, spoke of the need to help parents to critically appraise the information they read on the Internet.

“I think the Internet has caused a huge change, in their knowledge about what is out there, but they still don’t have tools for determining whether things are evidence based or not.”

Sonja suggested that parents’ reading poor quality information could lead to them spending time and money on interventions that lack research evidence.

“...they just do these really crazy things that virtually have no evidence base at all. If their child makes great progress they will sometimes attribute it to something they are doing that has no EBP to it.”

Donna suggested that too much information, whether good quality or not, can negatively impact on parental engagement.

“[If you] provide a lot of different intervention options and provide research you can lose the parents at times.”

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This sentiment appears to reinforce participants' statements regarding the importance of structuring the journey for families as part of a collaborative clinician-parent relationship and approach to service provision.

### **Discussion**

The aim of this study was to explore what SLPs think parents of children with ASD expect of them when it comes to the delivery of evidence-based interventions. In doing so, we had the opportunity to examine the barriers and enablers to SLPs engaging with parents in a collaborative decision-making process, and to identify strategies SLPs had developed to facilitate the process. The results of our qualitative analysis revealed strong support for EBP amongst the SLP participants, including a commitment to collaborative clinician-parent relationships. However, the results also revealed a number of factors that influence the nature of these relationships, the fact that engaging in EBP requires substantial effort, and that SLPs perceive the need to develop and implement tailored strategies to ensure successful outcomes. Here, we discuss the key findings as well as implications for practice.

#### **Speech Pathologists' Perceptions**

Within the group of 22 SLPs who participated in this study, consensus emerged with respect to their perception that each parent approaches the clinician-parent relationship in a slightly different way. Participants identified a range of factors that they believed influenced the amount, type, and timing of information parents' wished to receive about the research evidence for interventions being provided, as well as their participation more broadly in the decision-making process. The participants perceived that the amount of time since the child's diagnosis; parents' previous experience with services; and parents' education, mental health, and English language skills (dominant language) were all relevant factors. The results are consistent with those of Auert et al (2012), who reported that parents' themselves reported different levels of knowledge, motivation, and confidence with regard to seeking information

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about the interventions provided to their children with ASD. Taken together, the results indicate that the SLPs and parents in these two studies have a common awareness of these individual differences. Clearly, from both a clinical and research perspective, efforts to foster collaborative clinician-parent partnerships in the delivery of interventions for children with ASD need to accommodate these individual differences.

### **“The Right to Know”**

There was consensus amongst participants, with some SLPs adamant, that parents have a right to know the research evidence for the interventions their children were being provided. However, participants differed in terms of what they perceived to be parents’ desire to access this information. Notably, two participants perceived that some parents focused on the SLPs ability to achieve the identified intervention goals, irrespective of the intervention approach utilised (within reason), or the research evidence. These findings mirror those of Auert et al (2012) with respect to parents’ self-reported priorities within the EBP framework. The authors reported that many parents focused on the SLPs ability to engage their child in a positive and productive manner rather than on the research evidence for the interventions being provided.

It is noteworthy, however, that Auert et al (2012) indicated that parents often assumed the approaches their SLPs were using were evidence based. Yet the current state of ASD intervention research literature means that SLPs were unlikely to be using an intervention with unequivocal evidence. Indeed, there is currently no single best intervention for all children with ASD, with the results of most published studies characterised by positive group-level outcomes but significant individual differences in treatment response (Trembath & Vivanti, 2014). Therefore, despite the fact that SLPs may perceive that parents are not interested in the research evidence, and parents’ themselves may indicate that it is not a priority, SLPs have a responsibility to be familiar with the research literature and to share this

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knowledge with parents. Based on the participants' comments in this study regarding the importance of communication, we suggest that having open conversations regarding the potential benefits of interventions (including possible lack thereof) could result in stronger parent-professional relationships. However, to our knowledge, this hypothesis has not been tested. In fact, it is plausible that such conversations regarding research evidence, if not contextualised within an EBP framework in which data-driven clinical experience and decision-making and client/caregiver preferences and priorities are equally important, could in fact undermine parent confidence and engagement in SLP services.

### **Empowerment and Pitfalls**

Irrespective of the participants' perceptions of individual parents priorities when it came to receiving information, there was a strong consensus regarding the importance of parents becoming informed consumers regarding the interventions their children received. Participants consistently raised their concern regarding the challenges for parents in navigating the numerous interventions currently available. Simpson (2005) highlighted the need for clinicians and parents to work together in collaborative partnership to critically appraise the intervention options available and to make informed, evidence-based decisions. The results of this study indicate that SLPs are subscribing to this viewpoint, with many participants reporting their concerted efforts to help guide parents through the maze of information and decision-making process. Of particular note was the findings that, in addition to individual clinicians providing written information on current best practice, consistent with Weiss et al's (2008) recommendation, a number of participants discussed the need to support parents to develop EBP literacy skills that they would apply when interacting with other health and educational professionals. This implies an evolution in thinking and the responsibility being taken by SLPs in this study to empower parents to become informed consumers of evidence-based interventions for children with ASD, both within and outside

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their field of practice. Presumably, if other health and education professionals adopt a similar stance, parents will be in a better position to make informed decisions from the outset, irrespective of which professional they first encounter along their journey of diagnosis and intervention for their children with ASD.

The results of this study affirm the notion that EBP is not easy. Engaging successfully in EBP, the forming of collaborative clinician-parent partnerships, and ultimately selecting and delivering interventions best suited to each child and family required considerable effort and expertise. Participants spoke of the importance of “gauging parents’ knowledge and motivation,” the importance of “timing,” the need to “structure the journey,” and to help “protect them from pitfalls.” The strategies participants put forward appeared to reflect their individual approaches to working with parents, to setting goals and delivering intervention, and to supplementing their direct interactions with parents and children with additional information. Thus, the results imply the importance of SLPs bringing their individual style, flair, and experience to the process of forming collaborative partnerships with parents. In fact, just as Auert et al (2012) reported that parents believed that SLPs being able to build rapport with their children was pivotal to intervention outcomes, so might be the importance of finding a good “fit” between clinician and parent interaction styles in forming a relationship that will enable parents to become informed consumers of evidence-based services and true partners in the process. Given the move towards increasingly consultative models of practice in SLP practice (REF), the ability to establish this type of relationship will be as important and valuable as the clinician-child relationship.

### **Limitations**

The findings of the study must be considered with respect to several limitations. It is possible that the views expressed by participants do not necessarily represent the views of SLPs who work in other parts of Australia or overseas. However, the findings do indicate that

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even amongst a relatively small group of SLPs, a number of barriers to establishing collaborative parent-clinician relationships in the provision of evidence-based services were identified, as well as a number of creative strategies to address the barriers. Thus, the individual difference in each clinician's and parent's experience of the relationship is central to our understanding of the issue, and a larger study is likely to simply replicate the finding of individual variability, rather than discover a common experience. Another limitation, which is inherent in most voluntary research of this nature, is that our participants put themselves forward for follow up based on their contribution to our earlier research study. Thus, it might be that the SLPs have the motivation and time to take part in research; something which might set them apart from other SLPs.

### **Conclusion**

The study explored the views and experiences of Speech-language Pathologists (SLPs) who work with children with Autism Spectrum Disorder (ASD) and their families, in the delivery of evidence-based services. In particular, we were interested to learn what SLPs thought parents of children with ASD expected of them when it came to providing research evidence for the effectiveness of the interventions they provide. The results of our qualitative analysis of in-depth interviews with 22 SLPs leave us in no doubt that they strongly supported EBP and were willing to provide parents with information regarding the evidence for services provided. However, doing so required both effort and insight to ensure that parents received the right information, in the right way, at the right time, as part of their journey to accessing evidence-based SLP interventions for their children with ASD.

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## Appendix

### Semi-Structured Interview Guide Questions

1. Do you think it's important to provide parents with information about the treatments you provide to their children?
2. If so, what sort of information do you provide?
3. Do you get much of a chance to follow-up with them about the information you provided and to discuss what they thought of it?
4. Do you think these things work? Why, why not?
5. Can you give me an example of a situation in which it is either not possible, or very difficult, to help parents become informed about the treatments you are providing?
6. As you know, when we talk about evidence based practice we are talking about basing treatment decisions on the best available research evidence, the speech pathologists clinical experience, and the preferences of fully informed clients or caregivers. Do you think parents value each of these components equally? That is, do you think they value (1) research evidence, (2) your clinical experience, and the (3) their need to be fully informed and involved equally, or do they focus on just one or two?
7. Do you think parents expect speech pathologists to incorporate all three elements (research, clinical experience, incorporating preferences of fully informed client or family member) in the way they work – even if they don't say so explicitly in the terms we use?
8. If so, how do they show their expectations (of EBP)?
9. Finally, we want to identify practical strategies that speech pathologists feel would be useful in helping parents to become informed consumers of speech pathology services, so they know what questions to ask and are able to access information they need to make informed decisions about treatment choices, approaches, and outcomes. In addition to the strategies you mentioned earlier, are there any other strategies or resources that you would like to use or see developed in order to help parents become better informed?